

Name  
in  
Full

Frederick Vivian Abel

CERTIFICATE OF DEATH

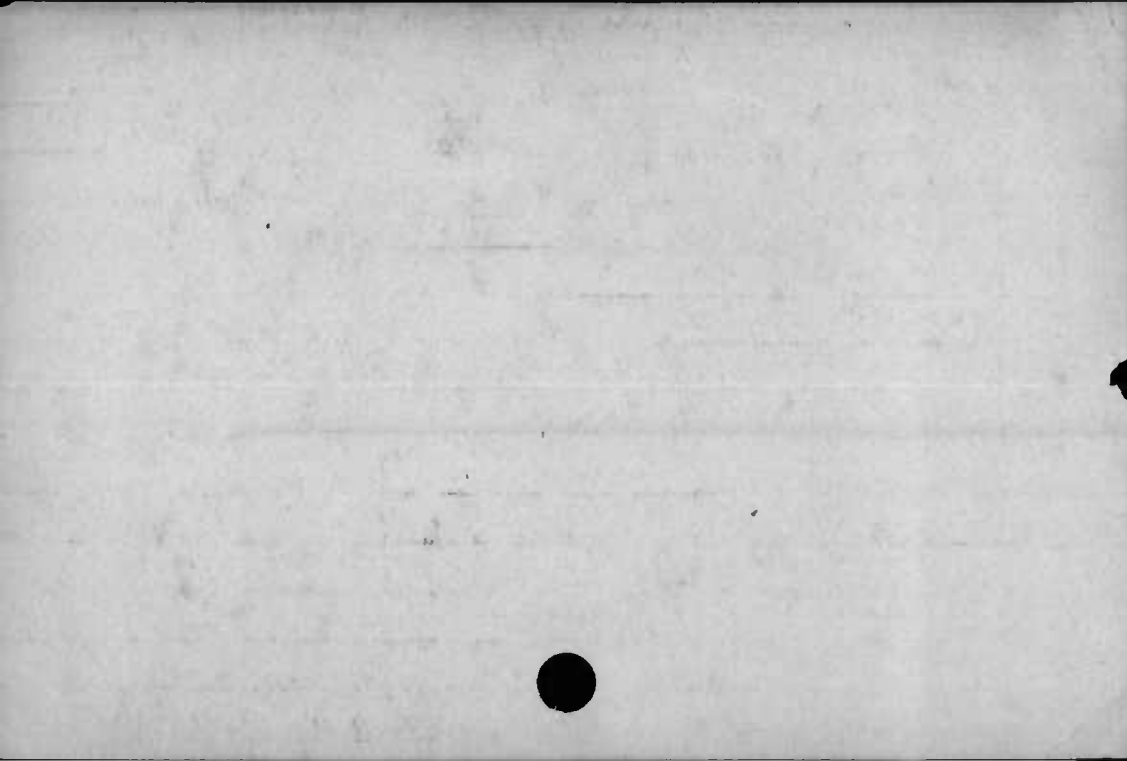
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alburton</i>		Town <i>Alburton</i>		County <i>Howard</i>		MARYLAND	
Date of death	1905	Month	July	Day	25	Age	Years <i>1 1/2</i> Months <i>1 1/2</i> Days <i>---</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Alburton Md</i>
Occupation	<i>---</i>			Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed	<i>---</i>		Name or Wife or Husband	<i>---</i>			
Father's Name	<i>Harvey B. Abel</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Bessie M. Maikel</i>					Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Harvey B. Abel</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>5 days</i>
Immediate	<i>Asthenia</i>	How long	<i>---</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Lambrell</i>
		Address	<i>Alburton, Md.</i>
Accident or Suicide?	<i>No</i>		<i>Sub Reg. Alburton</i>



Name  
in  
Full

Mary Holan Brown

## CERTIFICATE OF DEATH

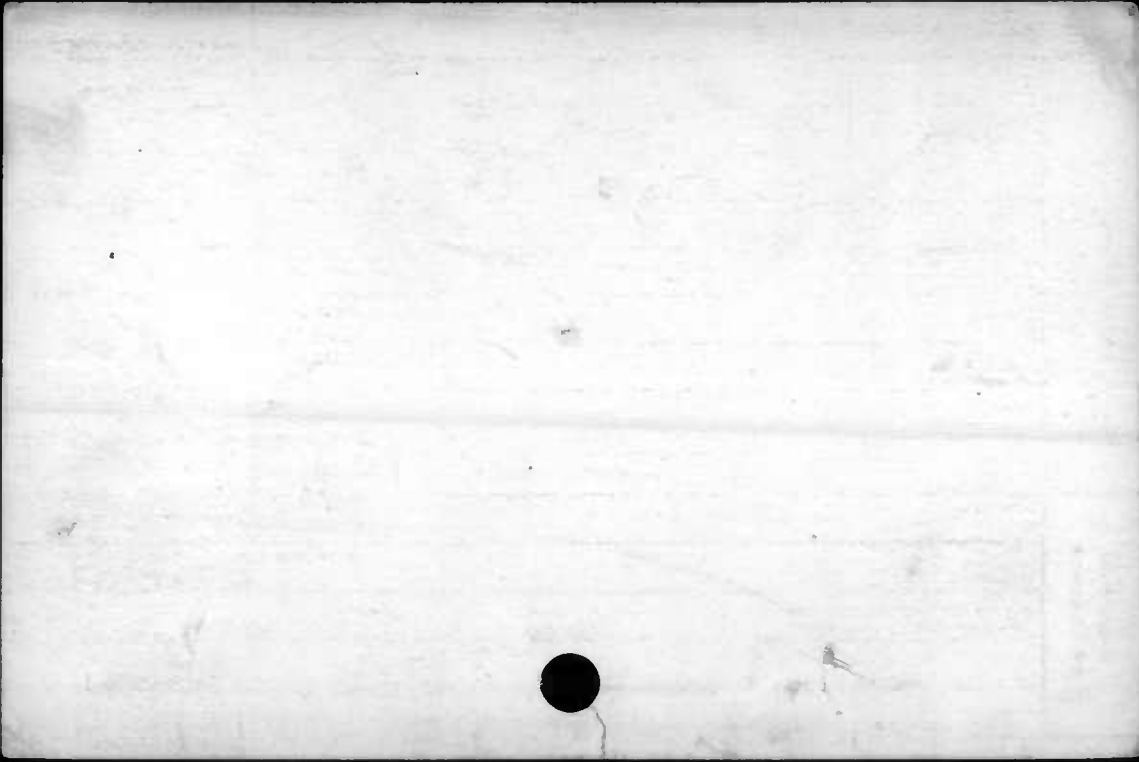
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dayton</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	1905	Month	July	Day	27
Age		Years	1	Months	3
Sex		Female	Color or Race	White	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		George W. Brown		Father's Birthplace	Ind -
Mother's Maiden Name		Elizabeth B. Gaither		Mother's Birthplace	Ind -
Name of person giving information		Father -		How related to deceased	-

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Ileo-Colitis</u>	How long	<u>1.5 days</u>
Immediate	<u>Cardiac Asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. W. H. H. H.</u>	
Address		<u>Glencoe</u>	
Accident or Suicide?		<u>No</u>	



Name  
in  
Full

Stanley D. Calvert

## CERTIFICATE OF DEATH

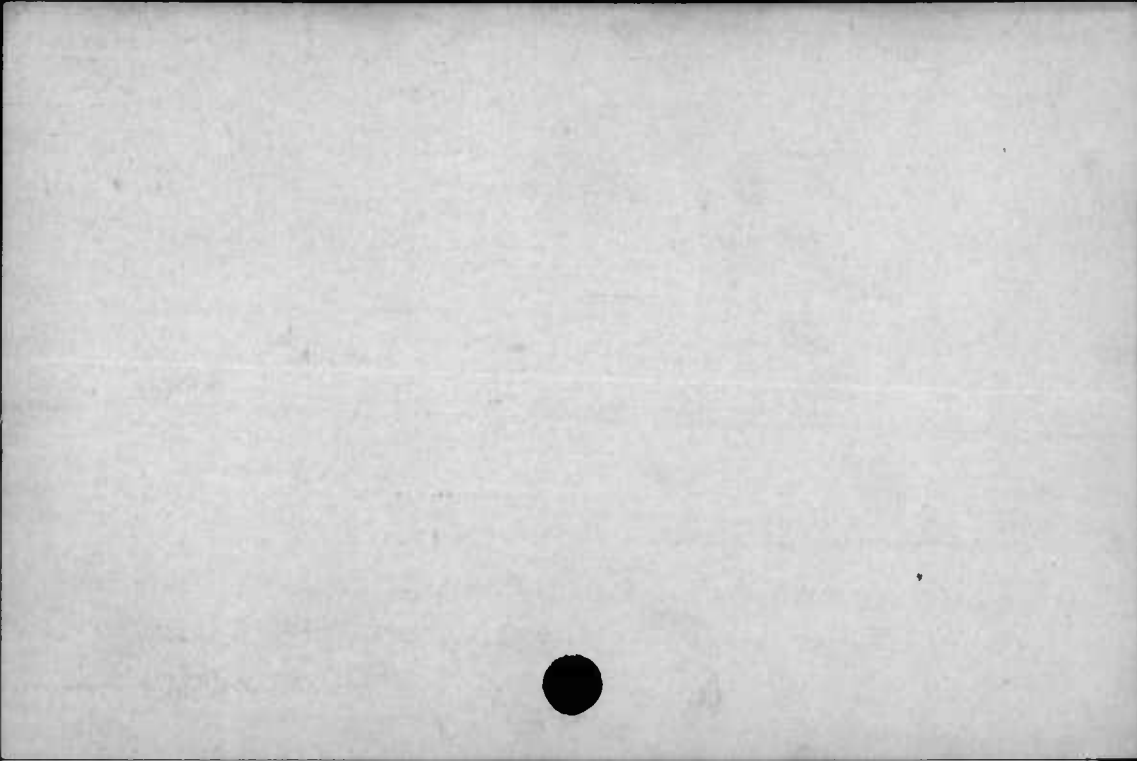
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elk Ridge</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	July	Day	27
Age		Years		Months	Days
		=		4	15
Sex	<i>Boy</i>		Color or Race	<i>White</i>	
Birthplace	<i>Elk Ridge Md</i>				
Occupation	<i>Baby</i>		Where Residing if not at place of death <i>Elk Ridge Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>E. D. Calvert</i>	
Father's Name	<i>E. D. Calvert</i>			Father's Birthplace	<i>Charleston Md</i>
Mother's Maiden Name	<i>Miss Jennie Kelly</i>			Mother's Birthplace	<i>Balto. Md</i>
Name of person giving information	<i>E. D. Calvert</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteric Colitis &amp; no vom</i>	How long	<i>6 weeks</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Arthur Williams</i>
<i>yes</i>		Address	<i>Elk Ridge Howard</i>
			<i>same</i>
Accident or Suicide?		<i>no</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

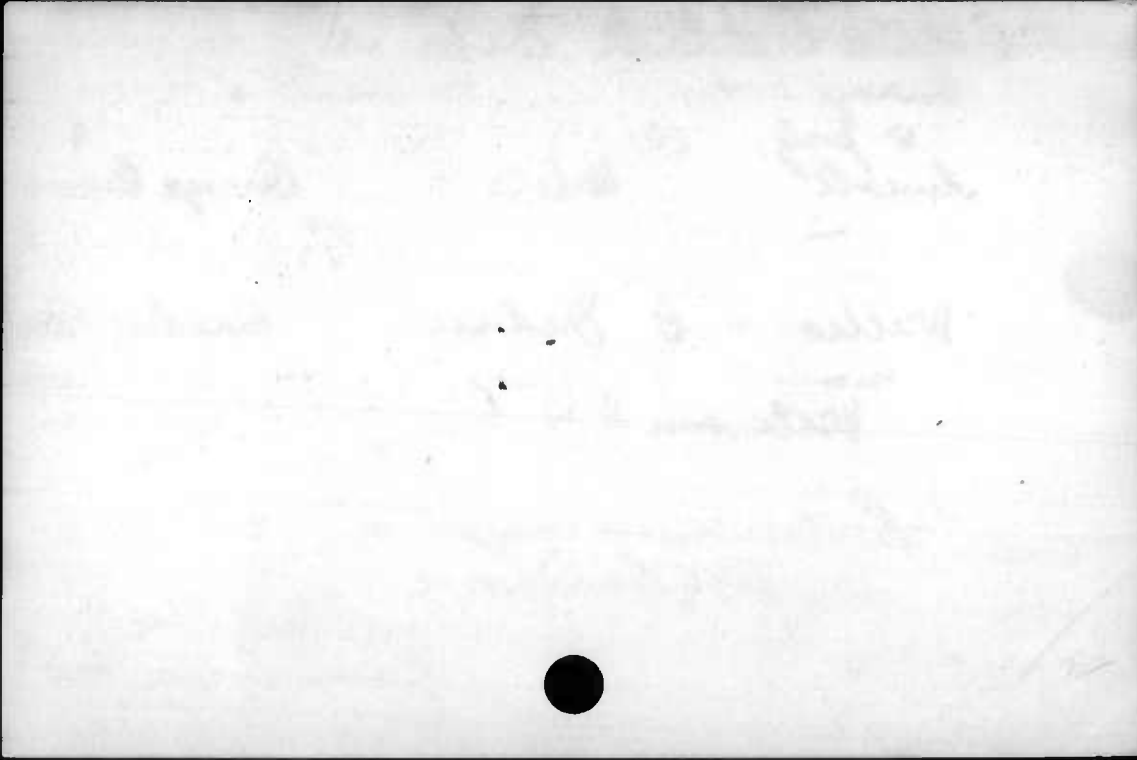
TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chicoe P. Roster* *Keen Cookville* *Horrad* County *Horrad* **MARYLAND**  
 Date of death 1905 *July* Month *30* Day Age *56* Years Months Days  
 Sex *Male* Color or Race *Colored* Birth-place *Horrad Co*  
 Married, ~~Single~~ *Widowed* Occupation *Farmer*  
 Name of Wife or Husband *Sarah Cook*  
 Father's Name *Frank Cook* Father's Birthplace *Horrad Co*  
 Mother's Maiden Name *Mary Cook* Mother's Birthplace *Horrad Co*  
 Name of person giving information *How related to deceased*

## CAUSES OF DEATH

Primary *Hebatic Leukemia* *179* How long *1 year*  
 Immediate *Exhaustion Weakness* How long  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Dr. J. C. H. H. H.*  
 Address *Blundell Md*  
 Accident or Suicide? *no*

PHYSICIAN  
OR CORONER





Name  
in  
Full

Edith Adelaide Delane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Orange Grove

<sup>County</sup> Howard

MARYLAND

Date of death 1904 July

Day 12

Age Years —

Months —

Days 6

Sex Female

Color or Race White

Birth-place Orange Grove

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name William B Delane

Father's Birthplace Paradise Par

Mother's Maiden Name Mary C Ginter

Mother's Birthplace Baltimore

Name of person giving information William B. Delane

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary congestion

How long

14 hrs

Immediate

Concussions

How long

Are the name, age, sex, color, date and place correctly given above?

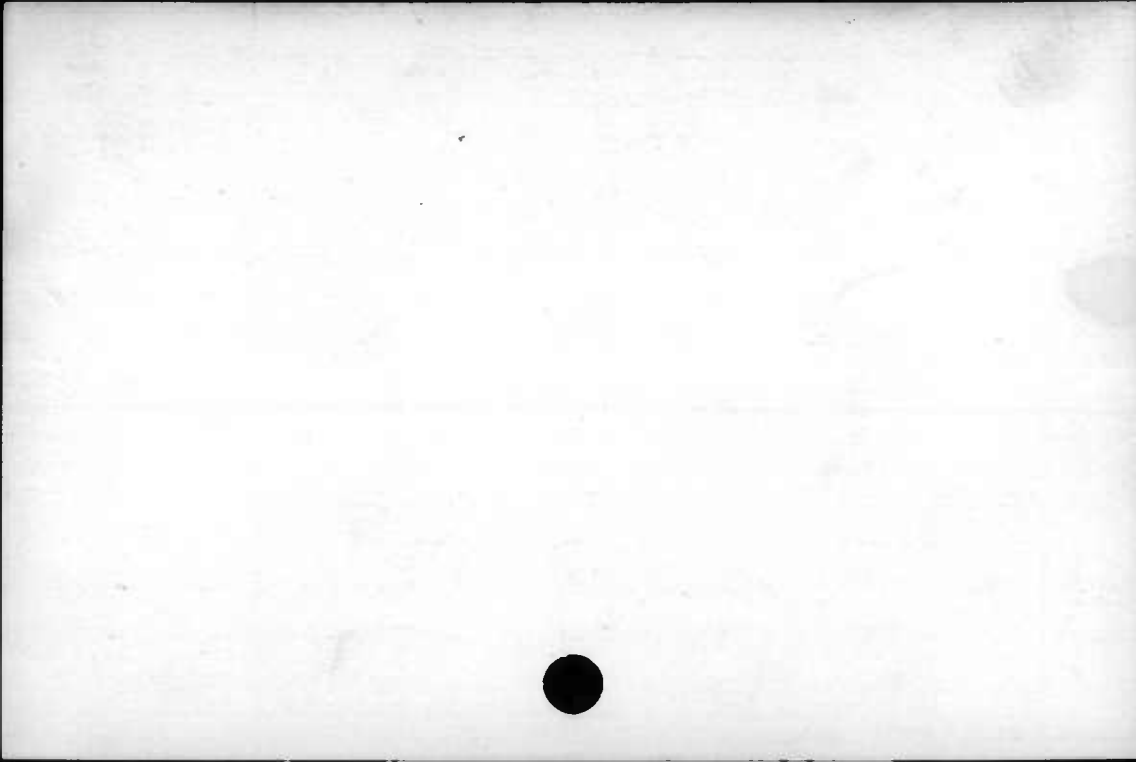
Signature of Physician

D. H. Stutz M.D.

Address

Catonville Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Doney, Laura, Irine

Town

County

Died at *Winnfield*

MARYLAND

Date of death 1905      Month 7      Day 6      Age —      Years —      Months 11      Days —

Sex *Female*      Color or Race *black*      Birth-place *Ind -*

Occupation *none*      Where Residing if not at place of death *—*

Married, Single or Widowed *—*      Name of Wife or Husband *—*

Father's Name *Edward Doney*      Father's Birthplace *Ind -*

Mother's Maiden Name *Lora E Smith*      Mother's Birthplace *Ind -*

Name of person giving information *Joseph Smith*      How related to deceased *none*

## CAUSES OF DEATH

Primary *Chronic Bronchitis*      How long *2 1/2 Mths -*

Immediate *ind*

Are the name, age, sex, color, date and place correctly given above?

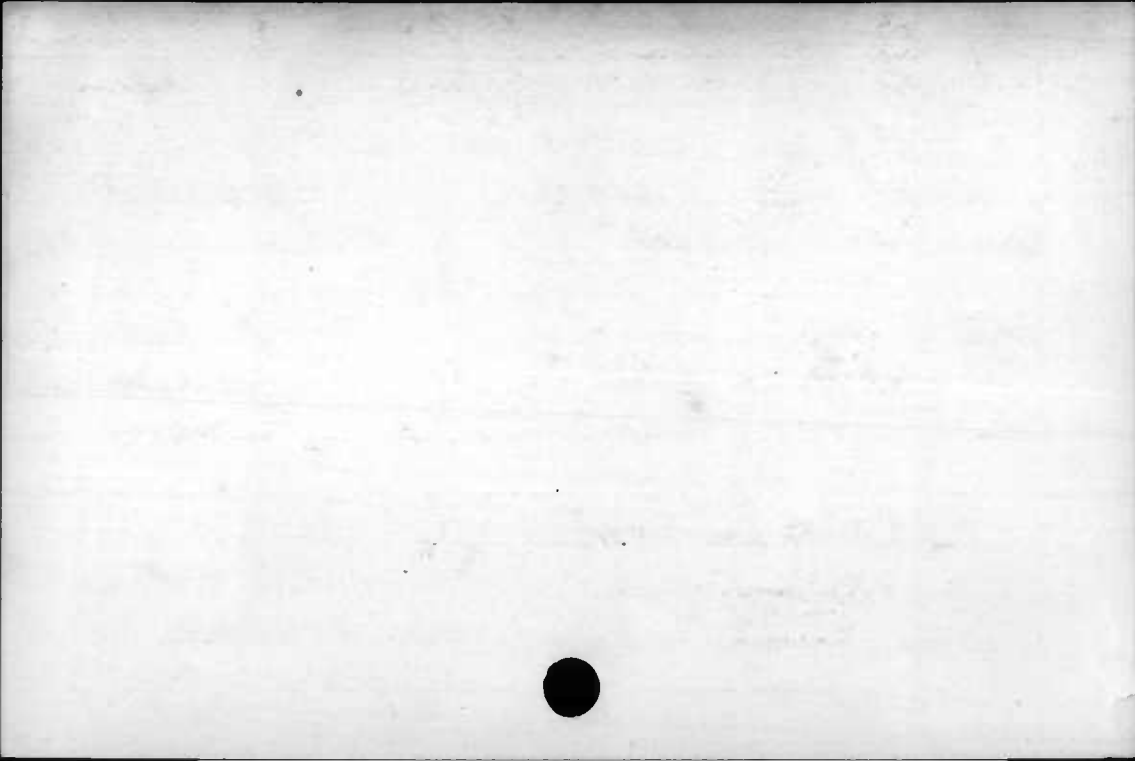
*yes*

Signature of Physician

Address

*W. Frank. Lucas M.D.*  
*Winnfield, Ind -*

Accident or Suicide? *—*



Name  
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Full

## CERTIFICATE OF DEATH

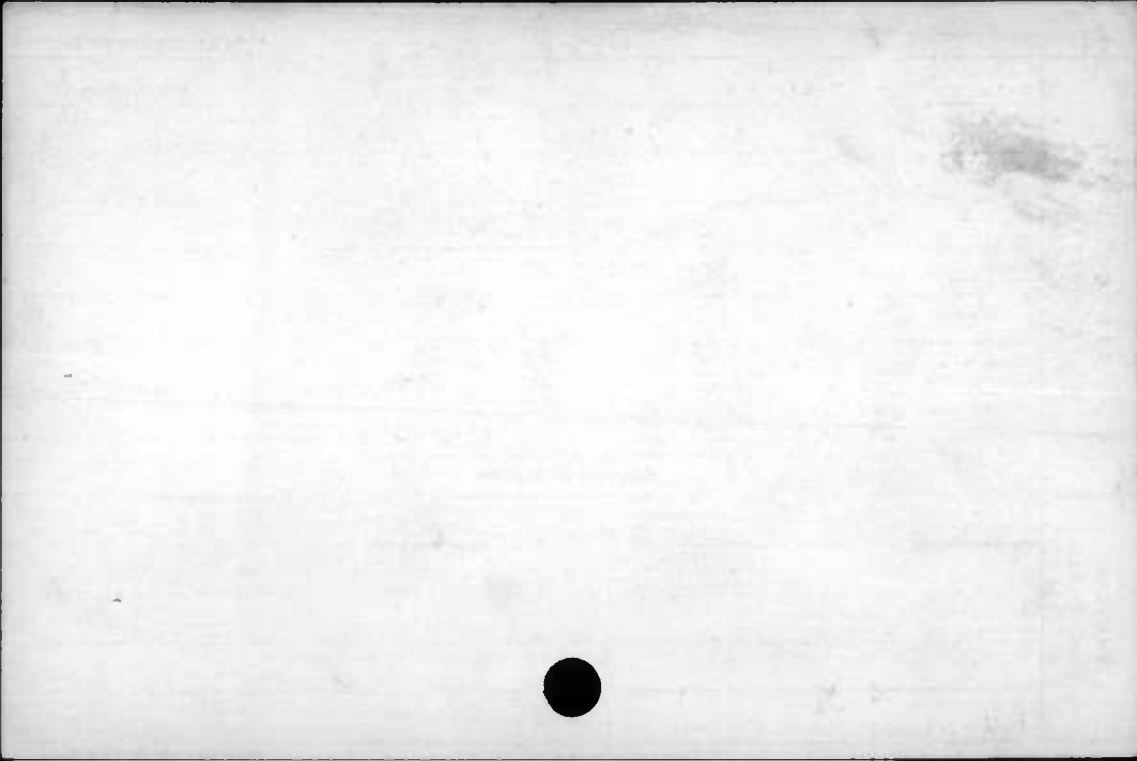
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1905</i>		<i>July</i>	<i>9</i>	<i>1</i>	<i>1</i>	<i>5</i>	<i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>✓</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John J. Dunkerly</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Margaret G. Bryan</i>				Mother's Birthplace <i>Penna</i>			
Name of person giving information <i>Margaret G. Dunkerly</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastric Enteric Colitis</i>	How long	<i>14 days</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Howard</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

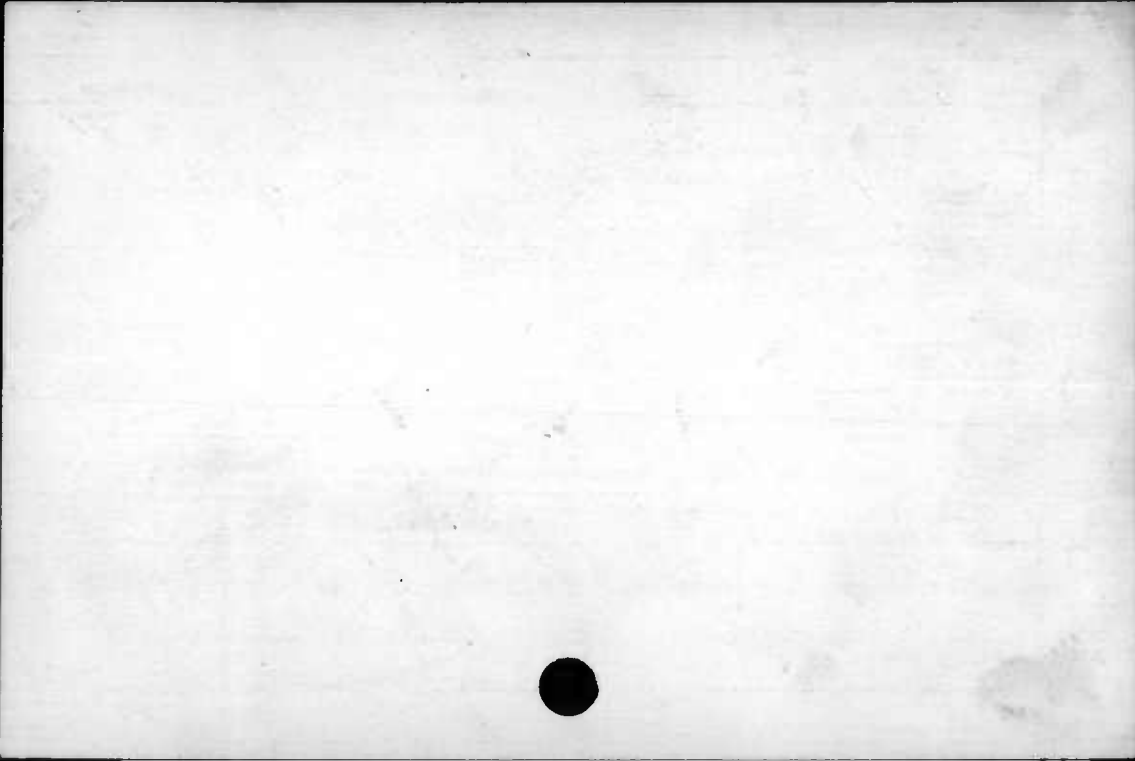
TO BE ANSWERED BY  
NEAREST FRIEND

John Wesley Fuchs		County		MARYLAND	
Died at Elk Ridge		Howard			
Date of death 1905		Day 12		Months 3	
Month July		Age —		Days 26	
Sex Male		Color or Race White		Birth-place Washington, D.C.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Charles Fuchs		Father's Birthplace Maryland			
Mother's Maiden Name Lillian A. Bittenbender		Mother's Birthplace New Jersey			
Name of person giving information Charles Fuchs		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	3 weeks
Immediate	Acute Cerebral Congestion	How long	36 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. R. Eareckson	
		Address Elk Ridge Md	
Accident or Suicide?			





Name  
in  
Full

Evan Gauthier

CERTIFICATE OF DEATH

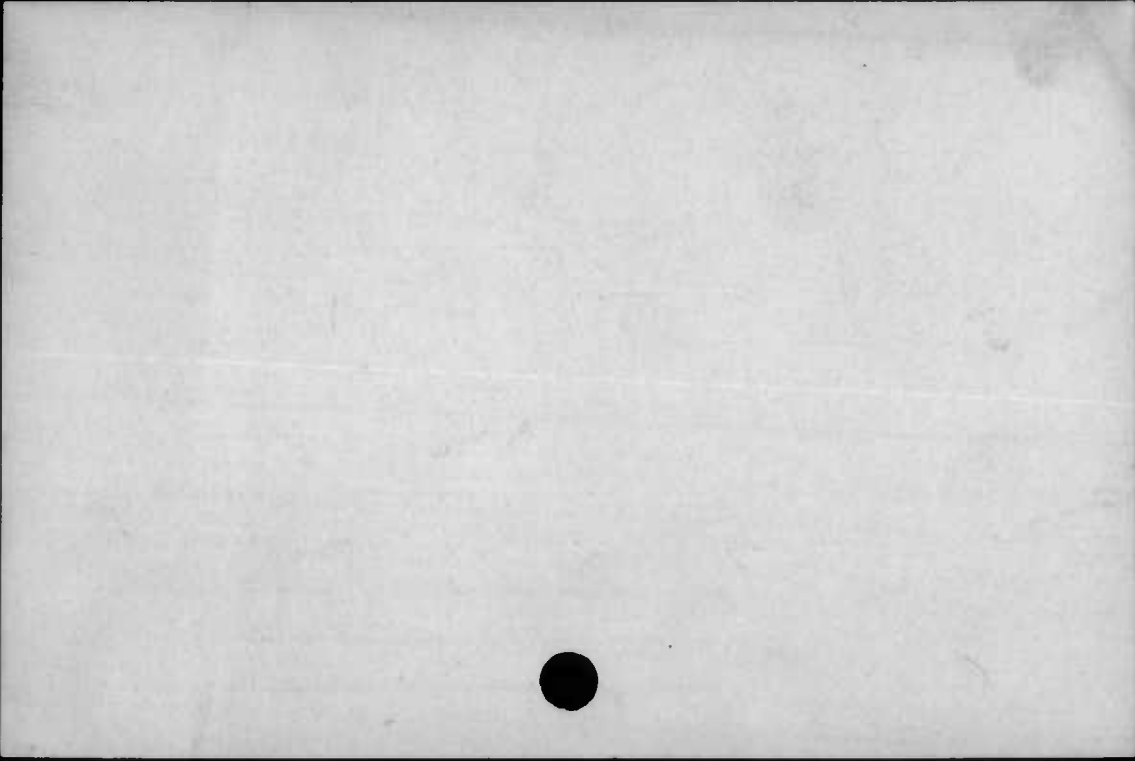
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	21	82	2		
Sex	Male	Color or Race	Colored		Birth-place	Ind	
Occupation	Labour			Where Residing if not at place of death		Ind	
Married, Single or Widowed	Married		Name or Wife or Husband		Matilda Gauthier		
Father's Name					Father's Birthplace		
Mother's Maiden Name	Ramus Gauthier				Mother's Birthplace	Ind	
Name of person giving information	Joseph Gauthier				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	2 days
Immediate	Exhaustion & Old age	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. A. Nichols	
Address		Dayton Ind	
Accident or Suicide?			



Name  
in  
Full

Caroline Gardner

## CERTIFICATE OF DEATH

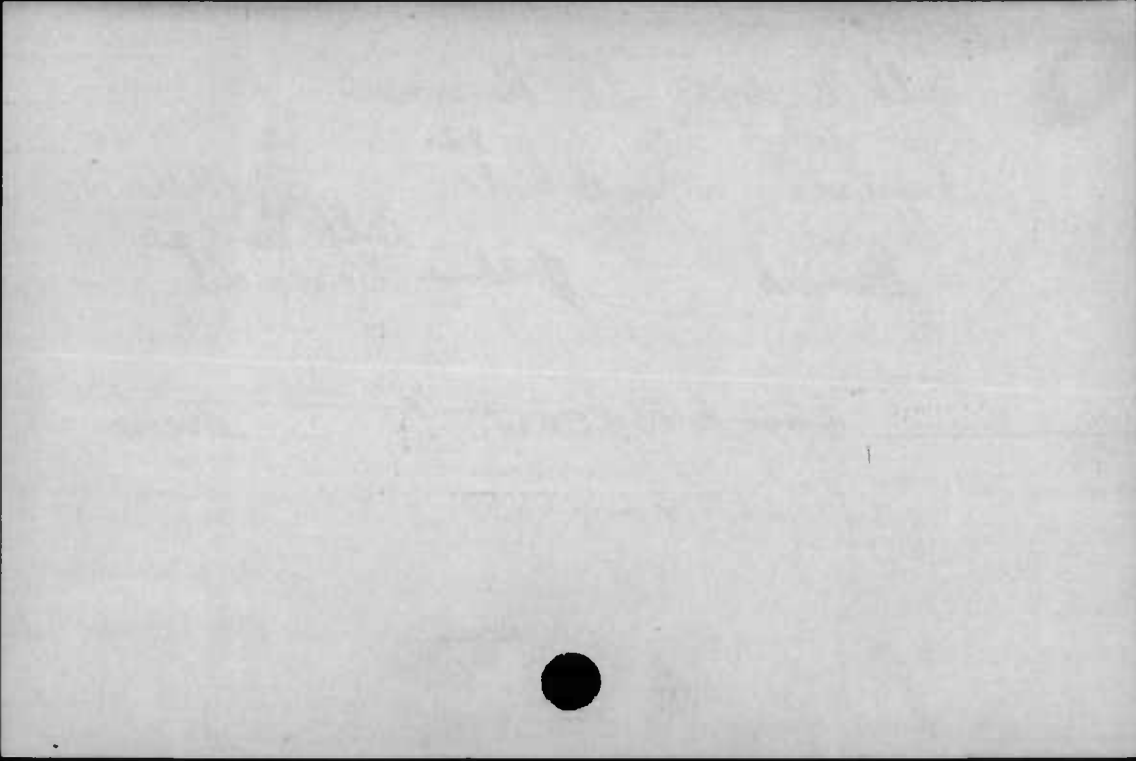
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elliest City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>18</i>	Age <i>36</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>House keeper</i>	Where Residing if not at place of death <i>Elliest City</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Gardner</i>				
Father's Name <i>Samuel Snells</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Search Snells</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>John Gardner</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>a few hours</i>
Immediate <i>Paralysis</i>	How long <i>Some months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. J. Byrne</i>
	Address
Accident or Suicide?	



Name  
in  
Full

Cassandra Gorsuch

## CERTIFICATE OF DEATH

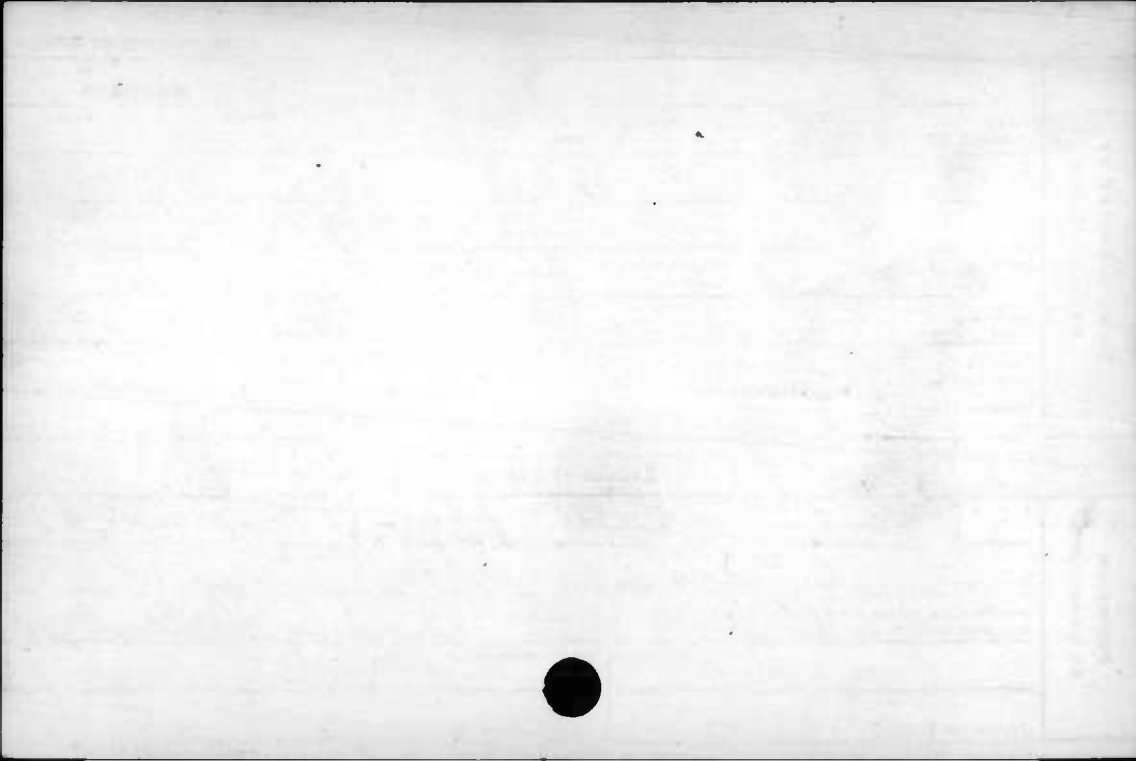
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elk Ridge</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>190</i>	Month <i>July</i>	Day <i>6</i> <sup>am</sup> <i>11</i>	Age <i>82</i>	Months <i>2</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mo</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Elk Ridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joshua Gorsuch</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information <i>Chas A R Earp</i>					How related to deceased <i>none</i>

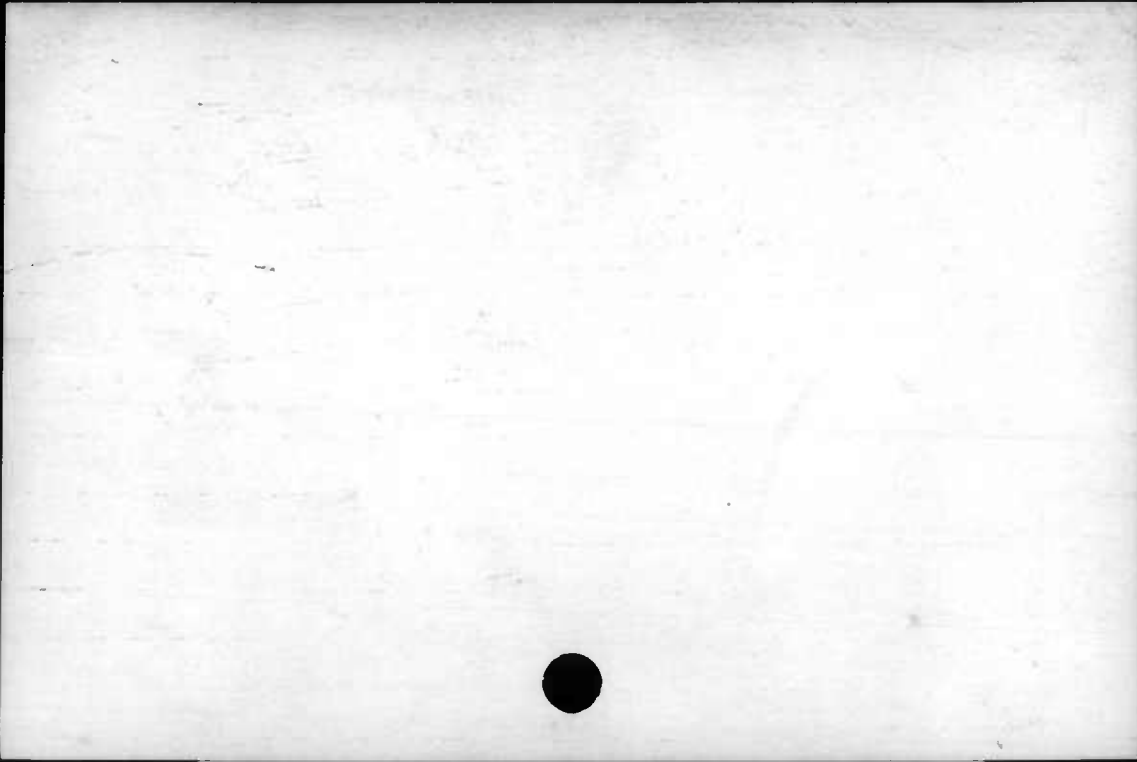
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility from age</i>	How long <i>18 months</i>
Immediate <i>same</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Wilkins</i>
	Address <i>Elk Ridge Mo</i>
Accident or Suicide? <i>no</i>	



Name in Full		George Hoffmaster				CERTIFICATE OF DEATH	
Died at		Alberton		Howard		MARYLAND	
Date of death		1905	Month	July	Day	7	Age
						Years	72
						Months	—
						Days	—
Sex		Male		Color or Race		White	
Birthplace		Pennsylvania					
Occupation		Farmer retired		Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife — Elizabeth Eckles.			
Father's Name		George Hoffmaster		Father's Birthplace Penn.			
Mother's Maiden Name		Elizabeth Eckles.		Mother's Birthplace Virginia			
Name of person giving information		Chas. H. Hoffmaster		How related to deceased Son			
CAUSES OF DEATH							
Primary		Apoplexy Inter cerebral + Arterio Sclerotic				How long —	
Immediate		Cardiac Arrest + Pulmonary Embolism				How long 3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Address			
				Alberton Md			
Accident or Suicide?							





Name  
in  
Full

Harry Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Benryton* Town

County

*Howard*

MARYLAND

Date

of death *1905*

Month

*July*

Day

*8<sup>th</sup>*

Years

Age *25*

Months

Days

Sex

*male*Color or  
Race*colored*Birth-  
place*Maryland*

Occupation

*flow scrubber in hospital*Where Residing if not  
at place of death*at home*~~Married~~ Single  
or WidowedName of Wife or  
Husband*Barrie Johnson*Father's  
Name*James Johnson*Father's  
Birthplace*Kentucky*Mother's  
Maiden Name*Elizabeth Hall*Mother's  
Birthplace*Maryland*Name of person giving  
In formation*John F. Hayward*How related  
to deceased*none*

## CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*nearly a year*

Immediate

*Haemorrhage*

How long

*about 2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes as reported to me*Signature of  
Physician

Address

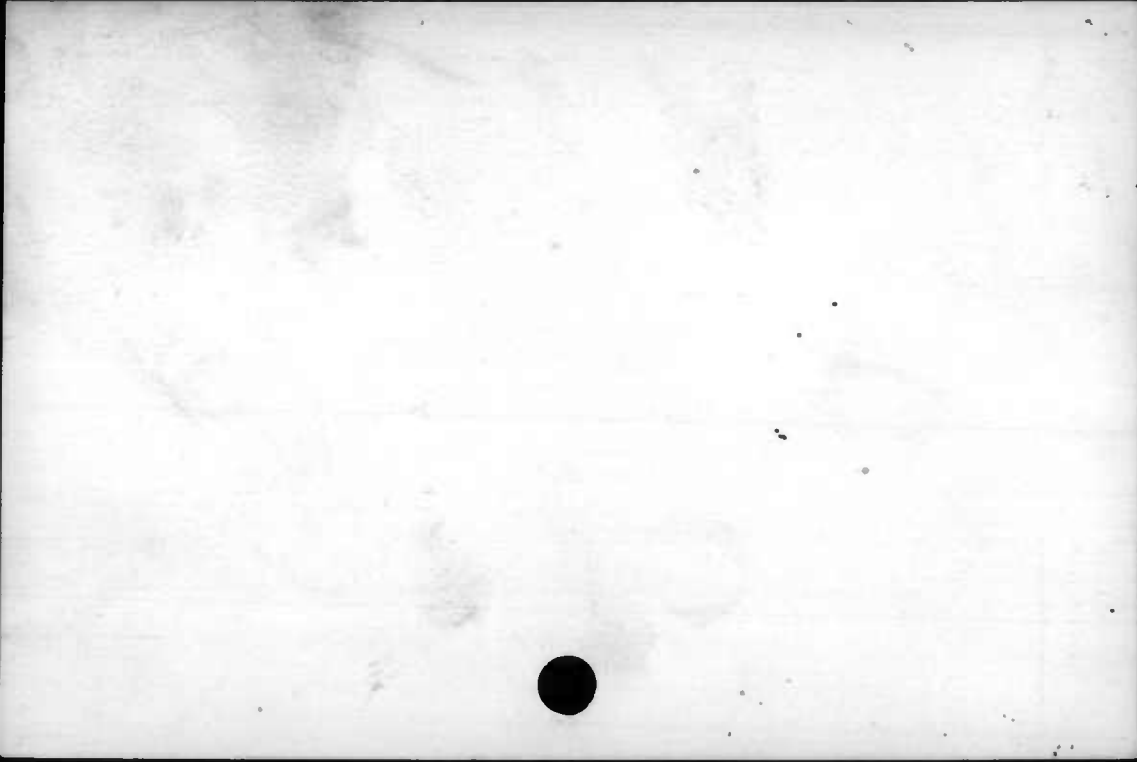
*Benj. F. Shipley*  
*Alpha*

Accident or Suicide?

*Howard Res Ind*PHYSICIAN  
OR CORONER

This is as near a  
Duplicate of the Card  
Drawn up & given the  
first messenger that  
came for the certificate,

Name in Full		Benj. F. King				Town		Henryton		County		Howard		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Henryton		Date of death		1905	Month	July	Day	13	Age	Years	Months	4	Days	4	MARYLAND	
		Sex		male		Color or Race		colored		Birth-place		Henryton Ind								
		Occupation				Where Residing if not at place of death		at home												
		Married, Single or Widowed				Name of Wife or Husband														
		Father's Name		John A. King						Father's Birthplace		Baltimore Ind								
		Mother's Maiden Name		Alice Sands						Mother's Birthplace		Howard Co Ind								
PHYSICIAN OR CORONER		Name of person giving information		Dennis P. King						How related to deceased		Brother								
		CAUSES OF DEATH																		
PHYSICIAN OR CORONER		Primary		Intestinal Catarrh (Bottle fed)						How long		about 2 weeks								
		Immediate		Parasitism						How long		about 5 days								
		Are the name, age, sex, color, date and place correctly given above?		yes						Signature of Physician		Benj. F. Shipley								
										Address		Alpha Howard Co. Ind								
		Accident or Suicide?																		



Name  
in  
Full

## CERTIFICATE OF DEATH

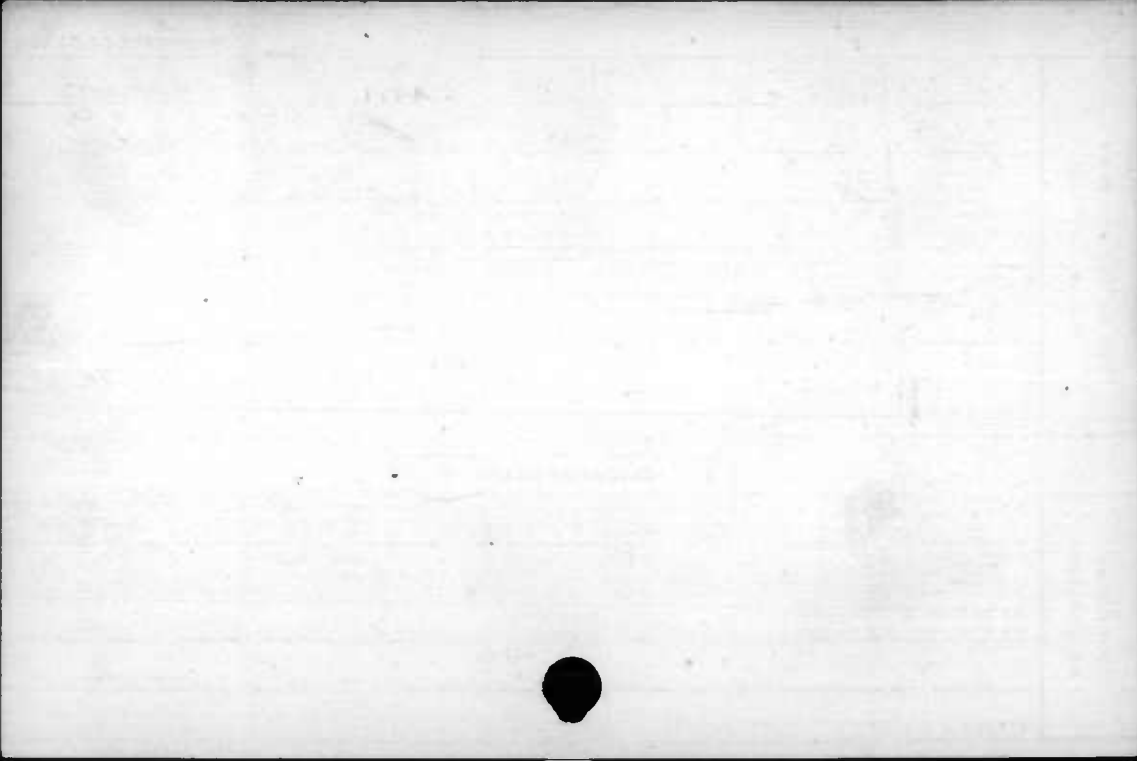
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkridge</i>		Town <i>Elkridge</i>		County <i>No. ward</i>		MARYLAND	
Date of death <i>190</i>	Month <i>July</i>	Day <i>7-05</i>	Age	Years	Months	3	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harry J. Skirk</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Loretta P. Drunkery</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Harry J. Skirk</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>12 hours</i>
Immediate <i>None</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elkridge Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Lena May Hall

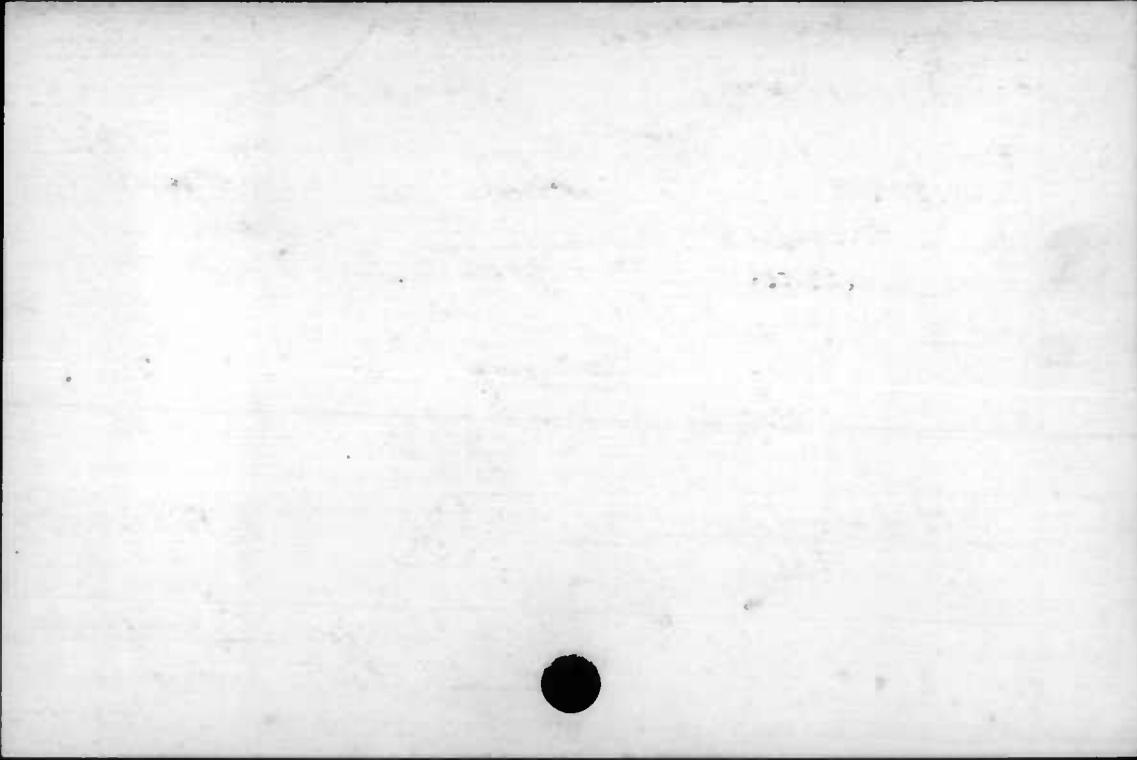
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	6			6	16
Sex		Color or Race		Birth-place			
<i>female</i>		<i>white</i>		<i>Va</i>			
Occupation		Where Residing if not at place of death					
<i>Infant</i>		<i>Va</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>single</i>							
Father's Name		Father's Birthplace					
<i>Morgan Hall</i>		<i>Va</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Carrie Harrell</i>		<i>Va</i>					
Name of person giving information		How related to deceased					
<i>Carrie Hall</i>		<i>mother</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Indigestion</i>	How long	<i>1 week</i>
	Immediate	<i>convulsions</i>	How long	<i>2 hrs.</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William M. D.</i>
	Address	<i>Savage</i>		
	Accident or Suicide?	<i>no</i>		





Name  
in  
Full

Margaret Smith

## CERTIFICATE OF DEATH

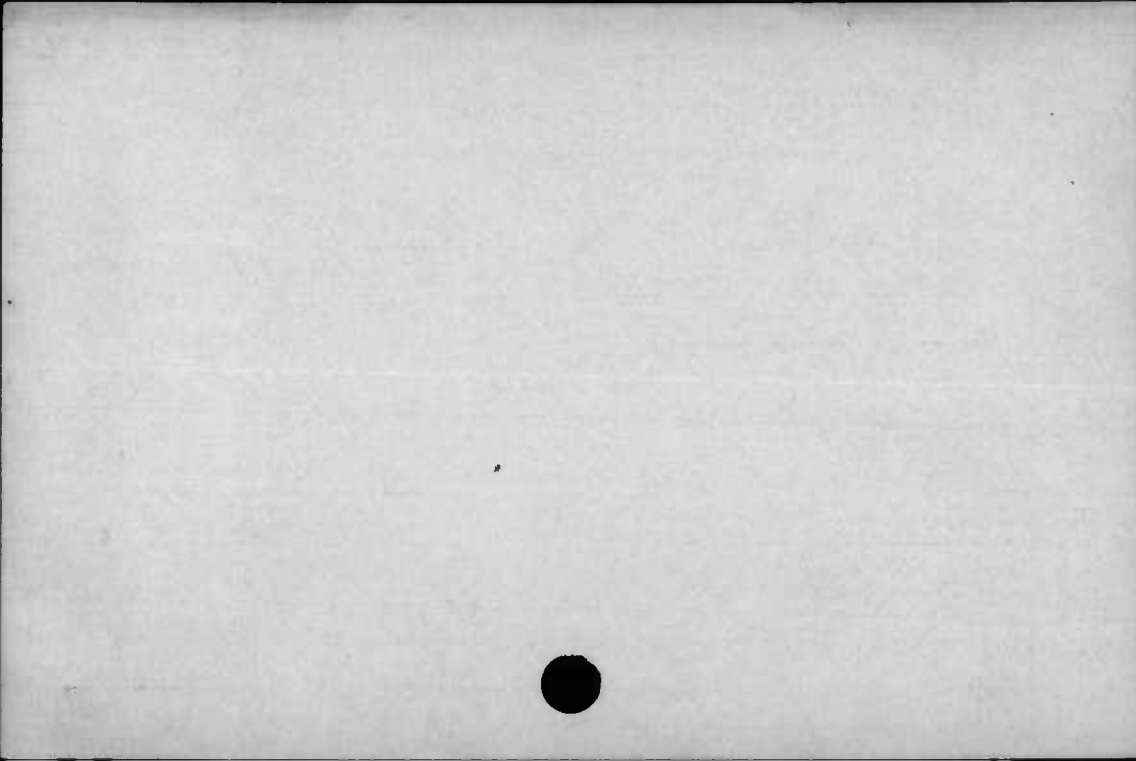
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hearwood</i>		Town <i>Hearwood</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>17</i>	Years <i>68</i>	Months <i>6</i>	Days <i>21</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Hearwood</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm H. Smith</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Geo W. Perrott</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison T. Ingers</i>
	Address <i>Pk Ridge Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Frank Sullivan

## CERTIFICATE OF DEATH

Town

County

Died at *Marysville**Howard*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905 July 8*

Age

*19*

Sex

*Male*Color or  
Race*White*Birth-  
place*Carroll Co*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Jeremiah Sullivan*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Mary J. Carroll*Mother's  
Birthplace*Howard Co*Name of person giving  
Information*Mother*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Rail Road, Merely -*

How long

Immediate

*Contusion of bowels*

How long

Are the name, age, sex, and place correctly given above?

*Other injuries*Signature of  
Physician*A. B. Sprecher*

Address

*Sylkerville  
Md*

Accident or Suicide?

*Accident*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

